

# **Ten Year Plan to End Chronic Homelessness**



**City of Decatur, Illinois**

**February 2010**



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## Executive Summary

Decatur has **50 households who are chronically homelessness** as defined by the United States Department of Housing and Urban Development. Of these, 45 are individuals and the other five are family units. This is a **71% decrease** from the 173 persons identified in 2005. However, the number of households at risk of becoming chronically homeless is on the rise. We estimate that there are approximately **150 households at risk of chronic homelessness**.

The nature of chronic homelessness in Decatur is **different than in large metropolitan areas**. It is likely to be short term. Most chronically homeless persons are the first persons in their families to be homeless. They tend to have high levels of trust in service systems. They express strong spiritual needs and are forthcoming about their substance abuse and mental health issues. While the Decatur community has done well at providing housing and services, there are gaps in the system such as emergency shelter for certain families, drug and alcohol-free housing, and procedural delays.

The **participation of the City of Decatur** has been a key factor with planning, technical assistance, and financial support, as well as facilitating developments. Decatur has actively and effectively addressed chronic homelessness. Plans for supportive housing and services are guided by the Macon County Homeless Council which is the designated planning body for HUD Continuum of Care programs in Macon County.

Decatur offers a **significant number of resources** for the chronically homeless. Several prevention programs reach people who are at risk of homelessness. There are six short-term emergency shelters with a seventh in the planning stages. Decatur has 48 units of transitional housing and a large inventory of permanent supportive housing. This is attributable to aggressive planning and a history of collaboration among developers, service providers, and local government.

Our community's continued success rests on a three-pronged approach: **prevention, housing and services**. Our **prevention strategy** targets three groups at risk of becoming chronically homeless: homeless families with school children, young adults, and applicants for assistance from the new Homeless Prevention and Rapid Re-Housing Program (HPRP).

The community should continue developing a **wide range of housing choices** for homeless individuals and families. All housing for the homeless should be decent, safe and affordable. Supportive housing will be secure, physically attractive, and located in safe and welcoming neighborhoods. The community needs to sustain its network of **effective intensive services**, including case management, community support, and daily living skills development.

**Recommendations of the Ten Year Plan Working Group call for:**

- Obtaining **accurate data** about chronic homelessness and **estimating housing needs** on an annual basis
- Increased use of the **Homeless Management Information System (HMIS)** by all prevention and housing programs to effectively serve people in need
- Enhanced **coordination among local prevention programs** to interrupt the process leading to chronic homelessness as early as possible
- Plugging **gaps in the emergency shelter** system
- Developing a community-based system to **screen proposals** for additional housing to assure that new projects will fill unmet needs
- **City shall support projects** which address identified needs in the Ten Year Plan to End Chronic Homelessness and the 2010-2014 Consolidated Plan.
- Encouraging **flexible use of housing resources** whenever possible instead of restricting housing units or beds to specific categories
- Sustaining the strong system of **supportive services**
- Encouraging the development of an innovative **Chaplaincy Program** to serve the homeless and those at risk of homelessness

Given the size of our community and the limited scope of chronic homelessness in our community, **Decatur can and will resolve chronic homelessness** within the next ten years.

## Definitions

The definition of chronic homelessness is continually evolving. The Ten Year Plan Working Group wrestled with several definitions of **homelessness** and **chronic homelessness**.

### Homelessness

HUD's definition of **homelessness** is the most restrictive of any federal agencies. It reads:<sup>1</sup>

*A person is considered **homeless** only when he/she resides in one of the three places described below:*

- 1. Places not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings;*
- 2. An emergency shelter; or*
- 3. Transitional housing for homeless persons.*

*If a person is in one of these three places, but most recently spent less than 30 days in a jail or institution, he/she qualifies as coming from one of these three categories.*

Other federal and state entities use broader definitions, considering people **homeless** if they lack a permanent address or if they are living place to place with family and friends. For example, the Department of Education's definition is rooted in its authorizing legislation:<sup>2</sup>

The term "**homeless children and youths**":

- (A) Means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and
- (B) Includes —
  - (i) children and youths who are **sharing the housing of other persons** due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
  - (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));
  - (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
  - (iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

<sup>1</sup> 24 CFR 583.5.

<sup>2</sup> Subtitle B of Title VII of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.), Section 725.

The above definition encompasses those who are **sharing housing** as well as children **awaiting foster placement**. Neither of those groups is included in HUD's definition. As another example, the Department of Health and Human Services has used a definition that specifically includes "**doubled-up**" persons, and provides guidance on what constitutes doubled-up status:<sup>3</sup>

*"Homeless" persons are those who lack a fixed, regular, adequate nighttime residence, including persons whose primary nighttime residence is: a supervised public or private shelter designed to provide temporary living accommodations; a time-limited, non-permanent transitional housing arrangement for individuals engaged in mental health and/or substance abuse treatment; or a public or private facility not designed for, or ordinarily used as, a regular sleeping accommodation.*

*"Homeless" also includes "doubled-up" – a residential status that places individuals at imminent risk for becoming homeless – defined as sharing another person's dwelling on a temporary basis where continued tenancy is contingent upon the hospitality of the primary leaseholder or owner and can be rescinded at any time without notice.*

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<sup>3</sup> Substance Abuse and Mental Health Services Administration: Development of Comprehensive Drug/Alcohol and Mental Health Treatment Systems for Persons Who are Homeless (Initial Announcement), 2006.

## Chronic Homelessness

The federal government's initial definition of **chronic homelessness** restricted the group even further.<sup>4</sup>

*Either (1) an unaccompanied homeless individual with a disabling condition who has been continuously homeless for a year or more; or (2) an unaccompanied individual with a disabling condition who has had at least four episodes of homelessness in the past three years.*

The recently enacted HEARTH Act, which reauthorized HUD's Continuum of Care homeless programs, expanded the definition of chronic homelessness to include households and certain other persons:<sup>5</sup>

*The term 'chronically homeless' means, with respect to an individual or family, that the individual or family—*

- (i) is homeless and lives or resides in a place not meant for human habitation, a safe haven, or in an emergency shelter;*
- (ii) has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least 4 separate occasions in the last 3 years; and*
- (iii) has an adult head of household (or a minor head of household if no adult is present in the household) with a diagnosable substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002)), post traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability, including the co-occurrence of 2 or more of those conditions.*

For the purpose of **determining the number** of chronically homeless persons in Decatur, the Ten Year Plan Working Group adopted the HEARTH Act definition which excludes persons living place-to-place or with relatives and friends but includes households of more than one person. However, **for planning purposes**, the Working Group considered the needs of all individuals and households who are homeless or at imminent risk of becoming homeless.

This recognizes that chronic homelessness is usually the culmination of a process. Sometimes the process begins with release from a correctional, foster care, or mental health institution. Sometimes it begins with an addiction or mental illness, sometimes with a change in family status or an economic reversal. It leads to loss of a permanent address, through stays with relatives and friends and then to brief episodes on the streets or in shelters. To eliminate chronic homelessness, providers must interrupt the process as early as possible.

<sup>4</sup> Defining Chronic Homelessness: A Technical Guide for HUD Programs, 2007.

<sup>5</sup> Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, Sec. 103. [42 USC 11302].



## Scope of the Problem

The Working Group estimates that Decatur has **50 households who are chronically homelessness** as defined by the HEARTH Act. Of these, 45 are individuals and the other five are family units. This number was ascertained from the 2009 Point-in-Time count of homeless persons conducted by Macon County Homeless Council and interviews with administrators at Oasis Drop-in Center and Good Samaritan Inn.

The data were fairly consistent in agreeing that Decatur has about 50 households who fit within the formal definition of chronic homelessness. However, the results of the last few Point-in-Time (PIT) counts varied widely from a high of 147 in 2003 to a low of 33 in 2009.<sup>6</sup> Additionally, the PIT numbers did not coincide with a non-PIT count of chronically homeless conducted in 2005 for the *Five Year Supportive Housing Plan for Chronically Homeless Persons*. The 2005 count, which was the most accurate enumeration to date, found 173 chronically homeless individuals.<sup>7</sup>

The current estimate of 50 persons is a **71% decrease** from the 173 persons identified in the 2005 count. This improvement is largely due to additional services and housing provided by local agencies with substantial assistance from the City of Decatur.

Meanwhile, the number of households at risk of becoming chronically homeless is on the rise. The Working Group estimates that there are approximately **150 households at risk of chronic homelessness**. This number was obtained from the 2009 Point-in-Time count and the Decatur Public Schools' Education for Homeless Children and Youth Program administered by Project Success. Project Success tracks homeless children year-to-year, and its records show an increase every year since 2004.

At first glance, these two sets of numbers seem contradictory. The actual population of chronically homeless is decreasing while the at-risk group is growing. Two factors may help in understanding this phenomenon:

- Most at-risk persons do not become chronically homeless. With skilled intervention from schools and nonprofits most of them are diverted from the route leading to long-term homelessness.
- Due to the economic recession, larger numbers of persons, especially formerly working families, are entering the at-risk pool. However, the process of becoming chronically homeless usually takes several years. A recession does not result in an immediate increase in chronic homelessness.

A significant number of homeless are veterans. The U.S. Department of Veteran Affairs estimates that there are 291 homeless veterans in central Illinois, although they do not have specific estimates for Macon County.

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<sup>6</sup> Unfortunately, the 2009 PIT count omitted all unsheltered homeless persons.

<sup>7</sup> The 2005 count included all persons who would be considered chronically homeless, even if they were not technically homeless at the time of the count.

## Characteristics of Chronic Homelessness

The nature of chronic homelessness in Decatur is different than in large metropolitan areas. In larger cities the chronically homeless are more visible than in Decatur. They tend to be homeless for years at a time, living on the streets and clustering in public places. By contrast, chronic homelessness in Decatur is characterized by the following:

- It is likely to be short term. Few of Decatur's chronically homeless have been on the streets for years. They are more likely to experience periodic episodes of homelessness lasting anywhere from a few days to a few months. Between these episodes they stay with friends or relatives but they rarely have places of their own.
- Most chronically homeless persons are the first persons in their families to be homeless. Homelessness is unlikely to be intergenerational in Decatur.
- They are unlikely to identify themselves as homeless. When asked directly if they are homeless, many will say no.
- They tend to have high levels of trust in service systems, especially Heritage Behavior Health Center. This is due, in large part, to the long-term presence of outreach and engagement programs such as the Oasis Drop-In Center and Good Samaritan Inn.
- They tend to be willing to talk about their situations. They are not hesitant to discuss their experiences.

Under the guidance of Assistant Professor Mary Garrison, Millikin University students conducted personal interviews in late 2009. The Millikin team interviewed 18 Decatur residents who were homeless or formerly homeless. The interviews were designed not as an objective study but as an opportunity to explore how people become homeless, how they perceive their situations and needs, and what specific interventions can effectively interrupt the process that leads to chronic homelessness. The Millikin team identified several recurrent themes that characterized the homeless population in Decatur:

- **Spirituality.** Many of the individuals reported high levels of spirituality. They cited religion as one of the major forces in keeping them alive. Many read Bibles and other religious works on a regular basis, some attended church devotedly, and several demonstrated a constant awareness of spiritual issues and questions.

At the same time, they expressed resentment at having religion forced on them through mandatory attendance at worship or prayer meetings. In some cases they felt that local agencies made such participation a condition of housing or services.

- **Alcohol and Substance Abuse.** Fourteen of the 18 self-reported problems with addictive drinking and drug use. This was consistent with national data which finds a correlation between substance use disorders and chronic homelessness. However, it was surprising that so many individuals acknowledged their substance use addictions.

Many of them expressed concerns about drinking and drug use in shelters and other housing, including some facilities where alcohol and drugs are prohibited. They said the presence of alcohol and drugs presented them with strong temptations. Some said they would rather live on the streets than in a shelter or housing project where others used alcohol and drugs.

- **Mental Illness.** The majority of persons interviewed acknowledged histories of mental illnesses. As with substance abuse, this was consistent with national data. However, the fact that so many of them were open about their mental health issues was unexpected.

Almost every one in this subgroup was in treatment at Heritage Behavioral Health Center, and they readily discussed the importance of staying on medications. This was very unusual; in most communities, the mentally ill homeless population is not in treatment and is very resistant to mental health services. It, no doubt, reflected the long-term effectiveness of Heritage's engagement efforts, especially the Oasis Drop-In Center.

- **Criminal Involvement.** A substantial proportion of persons had criminal histories, including incarceration. Depending on the nature of the conviction, this made it difficult to obtain permanent housing, especially in federally subsidized projects.
- **Family History.** Most of the persons interviewed were the first in their families to experience long-term homelessness. Some had come from intact families with a few from households that would be considered very stable.
- **Episodic Homelessness.** Among those who met the federal definition of chronic homelessness, the majority had experienced multiple episodes of short-term homelessness (at least four episodes in three years), rather than longer periods of homelessness extending 12 months or more.
- **Mortality Awareness.** The persons interviewed had a heightened awareness of mortality. Many had lost family members early in life, especially mothers, and some of these lacked a positive male adult role model. A surprisingly large number felt they might die in the next year or two. This awareness of mortality could be linked directly to the increased connection to spirituality.
- **Denial of Homeless Status.** Many did not perceive themselves as homeless. Some saw homelessness as temporary, even though they had experienced repeated episodes. It is possible that the term "homeless" carried stronger negative connotations than addiction or mental illness.

## Needs of Chronically Homeless People

Based on the Millikin interviews and additional research, the Ten Year Plan Working Group identified four major gaps in housing and services:

- **Meals.** The Good Samaritan Inn provides one noontime meal per day, seven days a week. Several churches and faith-based groups serve meals once a week or on a monthly basis. Others operate food pantries. Schools offer meals and snacks meals for children in low-income families during the academic year, and the Decatur Park District provides free lunches and snacks to children under age 19 during the summer at sites throughout Decatur. However, there is a need for better coordination among the meal sites to assure that three nutritious meals are available to all, every day of the year.
- **Emergency shelter for certain family compositions.** Only one local shelter will accept two-parent families. The shelter requires written proof of legal marriage, which few homeless families can provide. No shelter serves one-parent families headed by men. Other shelters have restrictions on housing boys over age 10. Mothers who are minors have difficulties being admitted to shelters, although if they are enrolled in public school, the school district will provide motel vouchers.
- **Drug and Alcohol-Free Housing.** Persons in recovery from alcohol and substance abuse report that drinking and drug use occurs in some shelters and housing projects, despite rules prohibiting it.
- **Procedural Delays.** Processing applications for assistance can take a long time. This occurs internally within shelters and housing providers and externally in agencies providing cash assistance.

Beyond affirming the need for shelter, the Working Group is not making specific estimates of need for additional housing. Due to deficiencies in past PIT counts and missing data, the information currently available is incomplete and cannot be used to create accurate estimates.

Instead, the Working Group recommends that the Homeless Council prepare annual estimates of housing needs at each level: emergency shelters, transitional housing, safe havens, and permanent supportive housing. This will permit the City and its partner agencies to have current information throughout the ten year implementation period.

## **Progress and Resources**

The Decatur community has actively and effectively addressed the issue of chronic homelessness.

### **Special HOME Allocation**

In 2004, soon after the federal government tackled chronic homelessness, the City of Decatur was awarded a competitive \$500,000 grant from HUD to develop permanent housing for chronically homeless individuals. The funds were derived from unexpended HOME funds in other communities. Only 13 jurisdictions in the country received such awards.

The City, in turn, allocated the funds to the Neighborhood Housing Development Corporation (NHDC), a successful Community Housing Development Organization (CHDO). NHDC used a portion of the funds along with a planning grant from the Corporation for Supportive Housing to develop and submit to the City a *Five Year Supportive Housing Plan for Chronically Homeless Persons*. This plan was submitted to the City in September 2005.

As a result of that plan, NHDC leveraged over \$200,000 in capital funding from other sources to rehabilitate three structures that now house 29 chronically homeless persons: a seven-bed Safe Haven, an eight-unit apartment building, and a 14-unit SRO (single-room occupancy project). In partnership with NHDC, Heritage and Dove obtained funds for supportive service and operations from state and federal sources for these developments. The Decatur Housing Authority (DHA) contributed Section 8 rental housing subsidies.

### **Inventory of Resources**

Decatur offers a significant number of resources to reach those on the verge of homelessness. It also has a range of housing options, although severe gaps remain.

#### **Early Identification and Prevention**

A number of programs reach out to people at risk of homelessness. Four of the most prominent programs are described below:

- **Decatur Macon County Opportunities Corporation (DMCOC)** provides emergency funds for utility payments. It also has emergency housing units for families and provides motel vouchers.
- **The Decatur Public Schools Education for Homeless Children and Youth Program**, administered by Project Success, has a variety of assistance available for families with children enrolled in the public schools. It offers housing vouchers, free school meals, school supplies, backpacks, clothing, case management and supportive services.

- The new **Homeless Prevention and Rapid Re-Housing Program (HPRP)** provides rent vouchers (short-term and medium-term), utility assistance, back rent payments and case management for homeless and near-homeless households. It is administered by Dove's Homeward Bound program.
- **Oasis Drop-In Center** serves many "street people" who are not homeless by HUD standards but lack permanent living quarters of their own. Oasis offers a warm location and social activities during the day with a range of on-site services. It focuses on adults who are homeless or at risk of homelessness. Oasis is a program of Heritage Behavioral Health Center. Welcoming an average of 175 persons a day, Oasis is viewed as a model for many other communities.

In addition to these programs, several other organizations can provide emergency financial assistance or help with medical needs, transportation, food and clothing. Two HUD-approved Housing Counseling agencies (Community Investment Corporation and Central Illinois Debt Management and Credit Education) assist persons faced with foreclosures.

### **Emergency Shelters**

There are six short-term emergency shelters with a seventh in the planning stages:

- Decatur Cares Rescue Ministry operates two shelters. **Grace House** has 14 beds for individuals, and 4 family units with eight beds. **Water Street Mission** has 16 beds of single men.
- The **Salvation Army** has 30 beds for single men.
- Dove's **Domestic Violence Shelter** has 10 beds for individual women, and 11 units with 18 beds for families headed by women.
- **God's Shelter of Love** has 7 beds for single women and 4 family units with 8 beds.
- Victory Temple's **Second Chance Shelter** has 12 beds for single men.
- The Interfaith Action Committee to End Poverty in Decatur is planning a new family shelter, **Decatur Family Refuge**. It will provide 5 family units with 15 beds.

### **Transitional Housing**

Decatur has 48 units of transitional housing that are dedicated to the homeless. Households can stay for up to 24 months while receiving intensive services and preparing for permanent housing. These include 17 units for individuals, and 31 units for families with a total of 55 beds. These units are arrayed in three projects, two operated by Dove and one by Virtue House, which targets single women.

The community also has two transitional projects targeted to ex-offenders and one serving veterans. The Illinois Department of Corrections (IDOC) has a contract with Dove (through Homeward Bound) to provide temporary housing for 60-90 days for persons released from state prisons. This contract is open-ended and pays on a per capita basis. A Peoria-based organization, New Pathways is opening a ten-bed facility on West King Street for ex-offenders under a contract with IDOC. Tenants are responsible for rents of \$300 per month at New Pathways, which will serve men returning from drug rehabilitation, homeless men, as well as ex-offenders.

Heritage provides transitional housing for homeless veterans under a contract with the Department of Veterans Affairs (VA). Heritage provides room and board for up to six months with extensions possible for another six months. It can serve up to eight persons.

### **Permanent Supportive Housing**

Decatur has a large inventory of permanent supportive housing. On a per capita basis, Decatur probably has as many units of supportive housing as any community in the region. This is attributable to aggressive planning and a history of collaboration among developers, service providers, and local government.

Four projects are restricted to chronically homeless individuals. They have a total of 31 units:

- **Clay Street SRO** (14 units, all single-room occupancy). This project is owned by Dove, rehabilitated by NHDC and managed by Heritage. Heritage provides on-site supportive services.
- **Lindwood Apartments** (8 units, all efficiencies). Lindwood is owned by NHDC, which also rehabilitated the project. Heritage provides services to its tenants.
- **Antioch Safe Haven** (7 beds). The Safe Haven offers permanent housing for the most difficult to serve homeless. It has private bedrooms, common areas and round-the-clock supervision. It is usually a step toward treatment; most tenants eventually move on to more independent housing. It is owned by Antioch Missionary Baptist Church and was rehabilitated by NHDC. Heritage provides on-site services, and Dove supports operating costs with a HUD grant.
- **Rent Subsidies** (2 scattered-site units). Dove manages this project with funds from HUD.

The community has three permanent housing projects that exclusively serve homeless persons including, but not limited to, the chronically homeless. These projects have a total of 77 beds:

- **Shelter Plus Care** (32 units, including 3 family units with 8 beds and 29 units for individuals). Shelter Plus Care (S+C) is a HUD rental subsidy program targeted at the homeless. S+C is similar to Section 8, only with fewer restrictions and with required supportive services. It is managed by DHA and Heritage.

- **Elmwood Apartments** (8 units, including 6 family units with 18 beds and 2 units for individuals). A joint project of Dove and First Presbyterian Church, Elmwood houses formerly homeless families and individuals, most of them coming from transitional housing.
- **Harbor Place** (8 family units with 20 beds). Owned by Dove, Harbor Place serves single-parent homeless households headed by women in recovery from substance use disorders. Heritage provides supportive services.

In addition, there are four existing permanent housing projects with 84 individual units that serve **persons with mental illness**. They often give special consideration to applications from homeless individuals:

- **Heritage Fields** (32 units). This project is owned and managed by Heritage.
- **Macon Street Housing** (24 units). This project is owned by DHA and managed by Heritage.
- **Heritage Grove** (17 units). This project is owned and managed by Heritage.
- **Pine Street Apartments** (11 units). This project is owned and managed by Woodford Homes.

Three other projects are **under development** that will add about 40 units. These will serve persons with special needs and prioritize homeless individuals:

- **Charles Street Supportive Housing** (12 units for individuals). This project will serve persons with mental illness, with three units targeted for homeless persons. It is owned by Charles Street Supportive Housing, Inc. and will be managed by Woodford Homes.
- **Camelot Supportive Housing** (11 units for individuals). This project will serve persons with mental illness, with three units targeted for homeless persons. It is owned by Camelot Supportive Housing, Inc. and will be managed by Woodford Homes.
- **D&O Apartments** (17-18 units for individuals and families). This project will serve veterans, including homeless veterans. It will be owned and managed by D&O Properties One. Thirteen units will be in a rehabilitated apartment complex; the others will be in rehabilitated scattered-site single family homes.

HUD'S VASH (Veterans Affairs Supportive Housing) program could provide permanent rental subsidies for homeless veterans, but the program is not active in Macon County as yet.



**Homeless Council**

Plans for supportive housing and services are guided by the **Macon County Homeless Council**, which is the designated planning body for the HUD Continuum of Care program in Macon County. The Homeless Council is a collaborative effort of seven local entities: City of Decatur, Decatur Housing Authority, Community Investment Corporation of Decatur, Decatur-Macon County Opportunities Corporation, Dove Inc., Heritage Behavioral Health Center, and Neighborhood Housing Development Corporation. The group has designated Dove as the lead agency. The Homeless Council has an advisory body that includes 67 public and private entities that address homelessness along with a number of individual citizens.

The **participation of the City of Decatur** has been a key factor in the production of supportive housing. The City has assisted through planning, technical assistance, and financial support, as well as facilitating developments with planning, zoning approval and the building permit process.

## Strategic Plan

There is no single solution to the challenges faced by chronic homelessness in the Decatur community. No one approach will work for every person or every household faced with long-term homelessness.

Our community's success rests on the continued development of our three-pronged approach: **prevention, housing and services**. Using this approach, the Decatur community has made enormous strides toward the virtual elimination of chronic homelessness in the past few years. Given the smaller size of our community and the limited scope of chronic homelessness in Decatur, Decatur can and will resolve chronic homelessness.

### Early Identification and Prevention

Persons do not become chronically homeless in an instant. It is the result of a process that takes years. Identifying and intervening in the early stages – before and during the first episodes of homelessness – is critical to ending chronic homelessness.

Decatur's Early Identification and Prevention strategy targets three groups at risk of becoming chronically homeless:

- **Homeless families with school children.** Through Project Success, the Decatur Public Schools Education for Homeless Children and Youth Program intervenes with families during their first episodes of homelessness. The school district utilizes an expansive definition of homelessness; it serves those who are "couch surfing," doubled-up and living in motels. This broad coverage allows us to interrupt the process at its earliest stages.

The strategy calls for closer integration of this program with the existing Continuum of Care system, including joint staffings, coordinated case management, and utilization of the HMIS database for all clients.

- **Young adults.** Certain persons in the 18-24 age bracket category are at higher risk of facing long-term homelessness:
  - Persons aging out of the state child care system
  - Those emerging from institutional care in correctional and other systems
  - Those affected by mental illness, substance abuse and/or developmental disabilities

This strategy calls for developing systematic methods of identifying young adults who face high risk of becoming chronically homeless in the future and providing them with interventions.

- **Applicants for assistance from the Homeless Prevention and Rapid Re-Housing Program (HPRP).** The HPRP program targets households in the early stages of homelessness whose issues can be resolved with a few months of rent-subsidized housing combined with services. While this group overlaps with the other two, it includes many others, including households impacted by unemployment, illness, and the home mortgage crisis.

This strategy calls for using the HPRP applicant pool to identify households at risk of becoming homeless and intervening with services to keep them in their homes when possible, and offering a clear path to permanent housing when not.

Additionally, the community needs to set a goal of providing three meals per day, seven days a week, for those who are homeless or in dire financial straits. This will entail coordination and planning among the Good Samaritan Inn, the faith community, and others. With its new facility and its track record of success, Good Samaritan Inn could take the lead in coordinating this effort.

## **Housing**

**Range of Housing.** The community should continue developing a wide range of housing choices for homeless individuals and families. No one form of housing serves the needs of every person or family. Nor is there one path that works for everyone. For some, the “**Housing First**” model is best; immediate placement in permanent housing will end their chronic homelessness. For others, the “**Continuum of Care**” approach is more appropriate. They do better when they progress through various forms of housing to the most independent housing they can manage.

The range of housing opportunities includes **many forms** of housing:

- Emergency shelters for short-term homelessness
- Transitional housing
- Safe Haven
- Single-room occupancy
- Site-base permanent supportive housing
- Scattered site permanent supportive housing

**Earmarking units** for exclusive use by persons who are chronically homeless by HUD definition is not an efficient use of limited resources. Future production will be guided by utilization of current housing stock as well as the efficiencies of producing flexible units that can be used by non-chronic homeless. Earmarking may have the effect of increasing chronic homelessness by denying housing to those who are on the road to becoming chronically homeless.

**Developing and maintaining units** is a joint effort of local government, federal and state resources and nonprofit agencies. The importance of supportive and cooperative city government cannot be overstated. Decatur’s accomplishments to date would not have

occurred without the continuous support of the City including funding, planning, zoning, permitting, neighborhood revitalization, law enforcement, and technical assistance.

**Property Management.** All housing for the homeless should be decent, safe and affordable. Supportive housing will be secure, physically attractive, and located in safe and welcoming neighborhoods. The role of property management in protecting assets is crucial. Negative and/or dangerous behavior will be minimized for the safety of all residents as well as neighbors and the community.

All housing projects should strive to develop and sustain positive relationships with their neighbors. This entails designing buildings to complement their settings, using minimal signage, adhering to high standards of property maintenance, controlling noise and visitor traffic, enforcing rules, joining neighborhood organizations, attending neighborhood activities, and responding to issues and complaints promptly and effectively.

For those in recovery from alcohol or other substance addictions, sober “dry” housing is crucial. Operators of housing at all levels (emergency shelter, transitional and permanent) must respect those in recovery in the implementation and enforcement of rules.

## **Services**

To continue decreasing chronic homelessness, the community needs to **sustain its network of effective intensive services** including case management, community support, and daily living skills development. Services should be rooted in evidence-based and best-practices approaches such as engagement, stages of change and motivational interviewing. As future research is conducted, providers should remain open to new approaches that prove effective.

Decatur has an **extremely strong and effective system** of services compared with most communities in the nation. Decatur’s system is characterized by a high level of cooperation and collaboration among service providers, and by evidence-based and outcome-based programming. Unlike most communities, in Decatur, the homeless population holds service providers in **high esteem**; they have little distrust and hesitancy toward human service agencies.

The key priority in the face of declining state and support for community-based services is to maintain the key elements of the current system.

- Outreach and engagement
- Daily living skills with flexible delivery
- Case management
- Interagency collaboration

**Chaplaincy Program.** Decatur could expand and improve its supportive service system by developing an innovative Chaplaincy Program to respond to **spiritual issues** of homeless persons. Trained personnel could listen and respond to spiritual concerns. This would be a multi-faith and combined effort of several organizations. It would have two components:

- Training **current responders** (person in positions to be approached for counsel) in appropriate listening and support techniques for working with the homeless. Current responders include clergy, lay leaders, church staff, parish nurses, and behavioral health advocates.
- Creating a position of **“Chaplain to the Homeless.”** This person would call on shelters, housing developments, the Oasis, Good Samaritan Inn and other places where homeless and “street people” congregate.

## Recommendations

Most Ten Year Plans express goals in terms of production of new permanent supportive housing that is limited to the chronically homeless population. This would not work for Decatur for four reasons:

1. The nature of chronic homelessness is different. To eliminate chronic homelessness in Decatur, the community needs to focus on identification and prevention before and during early stages of homelessness.
2. Decatur already has a relatively large supply of supportive housing in comparison with cities of similar size.
3. Restricting housing to only the chronically homeless is an ineffective use of resources. Our community has a number of homeless persons and families who fall short of the restrictive federal definitions. Rather than asking them to wait until they qualify for housing, the community needs units which are flexible.
4. The City and its partners cannot control housing production. Nearly all capital funding for housing development originates with federal and state agencies, not at the local level. This plan needs to set out goals and objectives which are under the local community's span of control.

The recommendations of the Ten Year Plan Working Group are consistent with emerging national approaches which focus on at-risk families as well as veterans, and which stress measurable outcomes and results. The recommendations fall into four categories: Data and Tracking, Prevention, Housing Planning, and Supportive Services.

### Data and Tracking

Recommendations in this area are intended to improve data collection and client tracking.

**Data Collection.** HUD requires that a Point-in Time (PIT) count be conducted in every Continuum of Care area at least once every two years. HUD recommends that communities conduct PIT counts every year. The Homeless Council is responsible for conducting this enumeration. While the PIT counts have produced varying results, they have made clear that the community has a significant number of chronically homeless persons and an even greater number of households who are at risk of becoming chronically homeless. The Homeless Council has improved its methods of conducting the PIT and analyzing the results. However, prior to 2010, PIT counts in Macon County were hampered by inconsistencies in definitions, methodologies and reporting formats.

Recent expansions in the local Homeless Management Information System (HMIS) will also provide a valuable source of information on the nature and scope of homelessness. HMIS is a web-based data collection and client tracking system. All HUD-funded homeless programs are required to participate in the community-wide HMIS network which is managed by Dove's Homeward Bound program.

***Recommendation #1:*** *The Homeless Council will conduct Point-in-Time counts of the homeless and estimates of housing needs on an annual basis, using accurate and consistent methods. The estimates of housing need will be based on PIT counts, utilization statistics and provider expertise. The Homeless Council will release the results to the City and the general public within 60 days of the count.*

**Client Tracking.** Many homeless providers utilize HMIS to enter and track individual clients. The HMIS system has expanded to include persons applying for assistance under the new HPRP program.

When used system-wide, HMIS can improve client services and obtain valuable data for analysis and planning purposes. Not all homeless providers in Decatur use HMIS. By federal law, domestic violence programs such as Dove's are currently prohibited from entering client-level data in HMIS systems. Several emergency shelters do not participate. Project Success has not been invited into HMIS. Some non-participating providers will face challenges in terms of capacity, confidentiality and logistics. With adequate support and training, most of these hurdles can be overcome.

If every homeless program used HMIS to track clients, the community could eliminate much of the duplication and many of the delays that now impede the delivery of housing and services. In addition, universal use of HMIS would automatically generate a wealth of aggregated demographic data that would be useful to planners in spotting gaps and identifying needs.

***Recommendation #2:*** *Within legal limits, all programs that target services and housing to the homeless will enter client data in HMIS and keep information updated. As the lead HMIS agency, Dove will administer and coordinate HMIS, and provide aggregated data to the Homeless Council and the community.*

## **Prevention**

State and federal agencies are focusing on prevention as an effective method of decreasing the number of households who are in the process of becoming homeless. As a result, local prevention programs have grown rapidly. Increased coordination among these programs could lead to a seamless system of services. By voluntarily participating in HMIS, the prevention programs could work together to identify and track households.

***Recommendation #3:*** *Prevention programs will coordinate with each other and with other agencies in the Continuum of Care system. Along with utilizing HMIS, prevention programs will conduct joint staffing to promote coordination at the case level.*

## **Housing Planning**

The Homeless Council partner agencies have been extremely proficient at producing housing at the transitional and permanent housing levels. Their collaborative work has resulted in the creation of many units of housing for homeless and special needs populations. They have also been adept at capturing resources for operations, rent subsidies and supportive services.

This plan calls for the extension of this collaborative planning process into all housing planning, especially at the emergency shelter level. It also calls for any new housing for the homeless to be open to all homeless persons, and for exploring sources for veterans housing.

***Recommendation #4:** To promote community-wide planning and prevent duplication and inefficiencies, all organizations seeking to develop housing for the homeless (emergency shelter, transitional or permanent) will be encouraged to submit proposals to the Homeless Council for review and comment. The Homeless Council will advise applicants based on demonstrated need and project feasibility.*

***Recommendation #5:** The Homeless Council will develop plans to address the lack of emergency shelter beds for certain types of families.*

***Recommendation #6:** City shall support and provide Certificates of Consistency for projects which address identified needs in the Ten Year Plan to End Chronic Homelessness and the 2010-2014 Consolidated Plan.*

***Recommendation #7:** To foster the best use of the community's housing resources, Decatur organizations will avoid creating units that are restricted to chronically homeless only.*

***Recommendation #8:** The City, the Homeless Council and the Decatur Housing Authority will explore the possibility of obtaining VASH housing vouchers for homeless veterans.*

## **Supportive Services**

The two major service issues are (1) maintaining the current mix of services in the face of state funding reductions; and (2) adding a component to address the spiritual needs faced by homeless persons.

***Recommendation #9:** The City of Decatur and the Homeless Council will continue to advocate for and seek financial resources to sustain supportive services for all homeless populations, especially services that enhance the ability to live and function independently.*



***Recommendation #10:*** *The Homeless Council will work to develop a Chaplaincy Program targeted at homeless and at-risk populations. The Chaplaincy Program may be staffed and/or volunteer-based. It will not promote any denominations or religious traditions; it will be ecumenical and interfaith.*<sup>8</sup>

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<sup>8</sup> A note on terminology: Ecumenical refers to inclusion of various Christian denominations such as Baptist, Catholic, etc. Interfaith refers to inclusion of a diversity of religious traditions such as Islam, Christianity, Buddhism etc.

## Action Plan

The following Action Steps are established for the first 12 months of the implementation period:

Action Steps	Responsible Party	Timeline
Establish processes for regular review of Ten Year Plan and setting annual Action Steps	Working Group	March 2010
Submit Point-in Time Report and Estimate of Housing Needs	Homeless Council	April 2010
Develop systems to coordinate prevention programs, including use of HMIS and joint staffing of clients	Homeward Bound, Project Success	July 2010
Create process for review of proposed projects consistent with Estimate of Housing Needs	Homeless Council	September 2010
Explore VASH Vouchers for homeless veterans	City, Homeless Council, Housing Authority	October 2010
Develop plan to institute Chaplaincy program	Homeless Council, Working Group	November 2010

# **Appendices**

**Ten Year Plan Working Group**

**Planning Process**

**Bibliography**

**Millikin University PowerPoint Presentation**

## **Ten Year Plan Working Group**

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## **Planning Process**

The process for developing the Ten Year Plan consisted of nine steps:

**1. Obtain Commitment from Mayor and City Council (May 2009)**

The Mayor and City Council made a firm commitment to the planning process. The City Council made its commitment and approved the development of the plan by unanimous vote on May 18, 2009.

**2. Identify Stakeholders (July 2009)**

The second step involved soliciting support and participation from a wide spectrum of the community: city and county government, state agencies, law enforcement, health care, faith-based groups, homeless providers, businesses, schools, veterans groups and many others. The City of Decatur hosted a well-attended informational meeting July 23 at the Decatur Public Library to inform stakeholders about the plan and solicit their input.

**3. Convene a Working Group (August 2009)**

The City appointed a task force to serve as the "Working Group." This group coordinates the process. It consists of respected persons representing various stakeholder groups. At its first meeting the Working Group reviewed its mission, established a schedule, discussed definitions and population groups, and began gathering data on homelessness.

**4. Gather Research and Data on Homelessness (September 2009)**

The Working Group considered the data and defined the extent of the problem. It arrived at an estimate of the number of chronic homeless persons.

**5. Define the Community's Homeless Problem (October-November 2009)**

The Working Group identified causes of chronic homelessness in Decatur. It reviewed the existing systems and structures, from early engagement to permanent housing. The Working Group developed its three-pronged approach: prevention, housing, and services.

**6. Conduct Interviews of Homeless Persons (November-December 2009)**

A team of students from Millikin University conducted interviews with homeless and formerly homeless Decatur residents. Their purpose was to gain understanding of the process by which people become chronically homeless and to obtain subjective and anecdotal evidence concerning the characteristics and needs of homeless persons. The Working Group added this step to the process.

**7. Draft Strategies (December 2009)**

The Working Group agreed on strategies to address the causes and consequences of chronic homelessness. The strategies will fall into three areas: prevention, housing and services. The consultant prepared a draft report, which was circulated among the Working Group members.

**8. Solicit Stakeholder Feedback and Finalize Strategic Plan (January 2010)**

The Working Group will consider comments made by stakeholders and make modifications to the Report. The Working Group then generated action steps for each strategy.

**9. Submit Plan to City Council for Action (February 2010)**

The Working Group will finalize the plan with action steps and submit it to City Council.

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## Millikin University PowerPoint Presentation

# Homeless Not Helpless

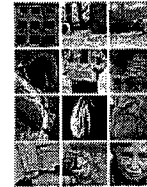
An in depth look into the lives of individuals who have experienced homelessness.

Presented by:  
Mary E. Gamson, LCSW, ACSW, Assistant Professor of Social Work  
Meghan Chene, Emily Anderson, Maryrose Goodman & Shanell Johnson  
January 28, 2010



### The Interview Process Overview:

- 18 interviews were completed:
  - Questions
  - Consent
- 5 programs were involved:
  - Oasis (4)
  - Good Samaritan Inn (3)
  - Safe Haven (3)
  - Homeward Bound (4)
  - Heritage – Clay Street (4)



### Interview Questions:



- How did you come to be homeless?
- Do you think there is anything that could have been done to prevent you from becoming homeless? What would that be?
- Are there other members of your family who have been homeless? Parents? Siblings?
- How long has it been since you have lived at a permanent address? Where was that? (Alternate for formally homeless, how long did you go without a permanent address?)

### Interview Questions:



- Are there services, programs, organizations that you have found to be helpful to you? What are they? How did they help?
- Are there any services or programs that weren't helpful at all? What were they? Why?
- What, if any, services are you receiving right now?
- Where do you see yourself in 6 months? In a year? Where would you like to be?
- What do you think it would take to get you where you want to be?

### Emerging Interview Themes:

- Spirituality
- Alcohol/Substance Abuse
- Mental Illness
- Criminal Activity
- 1<sup>st</sup> homeless in family
- Death



### Themes – in depth:



- **Spirituality:** 9 of those interviewed indicated that either faith, God, or spirituality was key in keeping them alive & hopeful.
- **Alcohol/Substance Abuse:** 14 individuals indicated they had some addiction to substances.
- **Mental Illness:** 8 of those interviewed disclosed that they had a diagnosable mental illness.



### Themes – in depth:



- **Criminal Activity:** 7 individuals identified that they had some involvement with the criminal justice system.
- **1<sup>st</sup> homeless in family:** 15 of the 18 individuals interviewed indicated they were the 1<sup>st</sup> to be homeless in their families.
- **Death:** 4 of those interviewed indicated they had lost loved ones: 3 during their childhood years, one as an adult.

### Themes – in depth:



How long homeless? The range was from 2 weeks to 22 years!

- |                |  |
|----------------|--|
| ■ 2 wks (1)    | ■ 22 years (1)   |
| ■ 3 wks (1)    | ■ Never homeless (1)   |
| ■ 1 mo (3)     | ■ Currently homeless (1)                                       |
| ■ 2 mo (3*)    | ■ Did not tell (2)   |
| ■ 3 mo (3*)    | ■ *One individual identified as being homeless on 2 occasions. |
| ■ 1 yrs (1)    |  |
| ■ 3+ years (2) |  |

### Where did you stay when you were homeless?

- Shelters
- Friends
- Family
- Car
- Abandoned Buildings
- Streets



### Community Services Utilized:

- Oasis
- Good Samaritan Inn
- Heritage Behavioral Healthcare
  - MH, SA, Housing
- Grace House
- Public Aid – LINK/Cash
- SSI/SSDI
- Dove
- Homeward Bound
- Library



### Community Services Utilized:

- Churches
- Water Street Mission
- Oxford House
- AA/NA
- Salvation Army
- Safe Haven
- Health Department – CHIC
- Catholic Charities
- Food Pantries
- Court Services



### Community Services Utilized:

- Township
- TANF
- GED Program
- CNA Program
- WIC
- New Life Pregnancy Center
- Baby Talk
- Housing Authority
- Pell Grant
- YMCA



### Thoughts:



- Services well utilized in the community.
- Heritage: major role in connecting to other services.
- Lack of 3 meals a day for individuals.
- Services/Shelters for mothers with sons over 10 are problematic.
- Some shelters are negative environments – need better supervision.

### Thoughts:



- Rules at shelters need to be reviewed (curfew, religion, etc)
- Availability of daycare is a problem.
- Procedural delays often cause problems & prolongs homelessness.
- Change in workers.....often times have to start over.
- Vulnerability: many individuals are being taken advantage of.

### Thank you.....

- We want to thank everyone that was directly involved in this project:
  - Nancy Rude
  - Kathleen Taylor
  - Darsonya Switzer
  - Lanella King
  - Carolyn Lloyd
  - And of course, all of those individuals who were willing to be interviewed.

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